PTO/SB/21 (05-03 Approved for use through 04/30/2003, OMB 0651-003

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TDANICMITTAL				Application Number		09/650,273				
INAMOMITTAL			Filing Date		08/29/2000					
FORM			First Named Inventor		Chiou					
(to be used for all correspondence after initial filing)			Art Unit		2153					
			Examiner Name		Vu, V. D.					
Total Number of Pages in This Submission 2			Attorney Docket Number 017887-005320US		05320US					
ENCLOSURES (Check all that apply)										
Fee Transmittal For	n	☐ Drawin	ng(s)		After Allowance Communication to Group					
Fee Attached		Licensi	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences					
Amendment/Reply		Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)						
After Final		Petition to Convert to a Provisional Application		Proprietary Information						
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter						
Extension of Time Request		Terminal Disclaimer		Other Enclosure(s) (please identify below):						
		Request for Refund		1) Return Postcard						
Express Abandonme	ent Request	CD, Number of CD(s)		2) PTO/SB/83 Request to Withdraw as Attorney						
☐ Information Disclosure Statement										
Certified Copy of Priority Document(s)		Remarks The Commissioner is Account 20-1430.		authorized to charge any additional fees to Deposit						
Response to Missing Parts/ Incomplete Application				I						
Response to Missing Parts under 37 CFR 1.52 or 1.53										
-	SIGI	NATURE O	F APPL	ICANT, ATTORNEY,	OR AGEN	Τ				
	ownsend and Tov	vnsend and (	Crew LLF	0						
or Individual	Phillip H. Albert	lip H. Albert Reg. No. 35,819								
Signature	2/////									
Date	ctober 5, 2005									
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this corre as first class mail in an envel	spondence is being ope addressed to: C	facsimile trans ommissioner fo	mitted to t or Patents	he USPTO or deposited wit , P.O. Box 1450, Alexandria	h the United S , VA 22313-14	tates Postal Service with sufficient postage 50 on the date shown below.				
Typed or printed name Christopher R. Fitting				11,						
Signature	101	1		Date	October 5, 2005					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (09-03)

## REQUEST FOR WITHDRAWAL AS ATTORNET OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	09/650,273	
Filing Date	08/29/2000	
First Named Inventor	Chiou	
Art Unit	2153	
Examiner Name	Vu, V. D.	
Attorney Docket Number	017887-005320US	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Please	Please withdraw me as attorney or agent for the above identified patent application, and								
	all the attorneys/agents of record								
☐ al	all the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
⊠ al	all the attorneys/agents associated with Customer Number 20350								
N	NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
T	The reasons for this request are: Client requests to transfer matter								
CORRESPONDENCE ADDRESS									
<ol> <li>The correspondence address is NOT affected by this withdrawal.</li> <li>Change the correspondence address and direct all future correspondence to:</li> </ol>									
Customer Number 38880									
OR						<u> </u>			
Firm or Individual	ual Name								
Address									
Address					<u> </u>				
City				State		ZIP			
Country									
Telephone				Fax					
Name	Philip H. Albert								
Signature	1 ( X	KIM		Regist	ration No.	35,819			
Date	ate October 5, 2005								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									